CAP Stakeholder Advisory Group

Meeting minutes

January 24, 2019

WELCOME & INTRODUCTIONS

CORRECTIVE ACTION PLAN UPDATES – CHRIS SANTANIELLO

- Subcommittees and Workgroups have made significant progress and we expect their recommendations by early summer

- Chris Santaniello is working to develop a timeline in order to map out the multiple steps and identify the multiple impacts those steps may have

- Appreciate the hard work of the subcommittees and it is very important to have everyone's different perspectives and voices

- Governor had sent CMS a letter regarding situations where the families have chosen to be in conflict, this is still their choice.

  - CMS has identified that New Hampshire does have flexibility in the regulations for rural, cultural, and linguistic barriers.

  - CMS has given a verbal approval for our submitted firewall policy, but Chris cautioned to wait until she has it in writing

    - It was asked that the letter from the Governor and CMS's response be shared with the stakeholders

SUBCOMMITTEE UPDATES

PROVIDER SELECTION PROCESS – MICHELLE DONOVAN AND SANDY HUNT

- This group began as the RFP subcommittee, but it was agreed to create a provider selection process to allow families more choice

- Representation on this subcommittee include members of BDS, Area Agencies, providers and others stakeholder groups. The Quality Council Transparency Subcommittee has also helped this subcommittee

- Currently working to develop a baseline for statewide requirements, standardize the process and ensure choice

- From this subcommittee there were five workgroups developed ○ Develop List of Area Agency Contacts

- Work on this workgroup is completed ○ Develop List of Provider Agencies
- Multiple lists were collected and none of them matched
- Surveys have gone out to providers with a 60% return rate ○ Develop a process for no willing and able providers
- BDS has developed a firewall policy
- Right now there can be up to 30% conflict within each Area Agency, but the expectation is that the Area Agencies will be building capacity within their regions.
- Area Agencies did include building capacity within their compliance reports
- Region 10 (Community Crossroads) did a presentation to share their process on what to do when there are no willing or able providers. They have zero (0) conflict ○ Develop a provider agency outcome report / probation process
- A survey was sent to find out what exactly it is that families want to know about providers. We got good feedback from that survey
- We have begun work with certification and licensing to identify data points to share
- Medication Committee expected to be involved regarding medication errors
- Employment data will be another data point
- The development of the report is still in process, but this workgroup has had lots of discussions regarding what data points we want to pull from ○ Develop a provider selection process template
- Our work is contingent on the work of the develop list of provider agencies workgroup
- We are working to identify platforms currently in use and determine how we want to build upon framework that may already be in place
- Build upon current framework to allow searches to be done based upon multiple criteria/specialty listings
- We are focusing around how the Area Agencies will walk the family or individual through the selection process in a non-bias way.

- Want to develop a platform where the family or individual will search for a provider based upon criteria entered. Then after they chose the provider, the provider will need to work with the family who has selected them. The only ability to opt out would be a lack of capacity (and at that time that provider would be removed from the directory until they can provide services)

- Question – What if provider does not want to work with family? This workgroup will be developing a standard process of how to address that type of situation. There will be amendments to rules. We do not want providers to be forced to work with individuals they are not equipped to work with, but we also need to eliminate providers picking who they want to work with. There will also be discharge policies and transition plans outlined

  - Need to develop a procedure to indicate to CMS that choice was offered without conflict

  - Bureau realizes there are many more components to address but we are starting with the majority and then will drill further down when developing processes

PROVIDER DIRECT BILLING – ERIN HALL

- There is representation from BDS, Area Agencies, Provider Agencies and others on this subcommittee

- Looking to develop procedures for providers who chose to direct bill

- Workgroup identified three (3) different provider types. Designated Area Agency, Authorized Agency, & Certified Agency. Currently working on the definitions

- Workgroup is also looking at current NH Medicaid Billing Provider Manuals. Volume I is the General Manual and Volume II is service/provider specific. They also reviewed manuals from North Dakota & Vermont

- Breaking out responsibilities of what steps must stay with the Area Agencies. This is work is contingent on the FMS & OHCDS Rate Setting Subcommittee work

- Identified we need to develop oversight policies and determine who is responsible for oversight. Currently looking at how AA provides oversight and how BDS provides oversight and how to streamline that process

- Identified that becoming a provider in New Hampshire is a difficult and long process and how can we streamline the process and create "cheat sheets" to help providers along the way

- Working to develop procedures so that there is consistency across all ten (10) Area Agencies. That each agency is doing the same vetting process if a provider is direct billing etc.

- Still need to work on determining who will be the provider of last resort and define it clearly; what licensure and certification requirements will be; how will the state and Area Agencies provide oversight; develop and modify rules; develop a probation period and what it will look like

FISCAL MANAGEMENT SERVICES (FMS) + ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDS) RATE – JONATHAN ROUTHIER

- This workgroup has really established a collaborative effort; coming to the table with ideas and challenging each other so that we come up with a good end product.

- Items are interrelated so effort is to look at the elements and define tasks and how those defined tasks constitute a OHCDS (terms may change)

- There was a helpful presentation from applied self-direction stage and what the employer of record entails

- It is important that this workgroup acknowledges the framework and present a blended financial structure. Pull out how to allocate the correct costs and move the system to a fixed rate system

- The work is complicated but productive. There have been subgroups working on defining system wide methodologies on how to arrive at rates, which are sensible and budget neutral.

- The mapping is difficult, we need to pull pieces and determine how others may be disrupted if one is piece is changed. Then we will need to determine how to test

- Next steps will be to look further into the Area Agency delivery system tasks. Determine function vs case management and what service providers will be responsible for, and then develop methodology on how to determine the Area Agency system rate. ☐ Subcommittee meets the 3rd Friday of the month from 10AM – 12PM

COMMUNICATION – JENN PINEO

- Current working on frequently asked questions document, should be ready for release next week (electronic only)

- Will also create a podcast recording

- We will be doing forums throughout the state with the Family Support Councils (FSC)

- Families are urged to engage with their Area Agencies to see how their agencies will be coming into compliance, but we wanted to develop communications from the Bureau to the families as well

- We have not had a lot of feedback from consumers and/or families, but the common theme is families are concerned about how or will changes affect what happens in their day-to-day lives.

- Bureau is working to get family input. Bureau wants to be transparent and we want families to feel that they are being heard

- Working to make sure our terminology is appropriate to give families information in terms they will understand

- If anyone wants to join subcommittee it is accepting for any new members 🞏 Questions and/or comments:

  o How will the FAQ document be formatted? - A .pdf document o

  Will it be translated? – Chris S. will follow-up o Suggestion that the

  podcast be transcribed and be ADA compliant

WRAP – UP

- All present were welcomed to join any of the subcommittees/workgroups.

- Starting to see synergy, identifying that there is overlap and expansion and subcommittees and workgroups inter-depend on each other, but we are working towards a common thought process and we are gaining a higher level of understanding of where we are going

QUESTIONS:

- Why was the firewall policy put on the front end to get resolved ahead of other issues?
  - o According to the regulations there are 3 areas where there can be conflict, yet those 3 situations (where there are rural, cultural, and/or linguistic barriers) there needs to be firewalls. So while we will not be able to eliminate the barriers by 2021, we can develop the policies and test to make sure the firewalls are in place and are adequate. Developing a policy was a BDS task and it was important to do this in conjunction with the rest of the work of the subcommittees.

- Structurally looking at other states, do they operate with the same (DD system) are there components that we can build into our structure?

- o   Many other states have large state offices, New Hampshire does not. We need to work within our structure and make sure that we create policies that work within our structure.
- When will it be determined when firewall policy will be used?
  - o   It will eventually be implements into the rules, but noted that rule process is cumbersome
- Stakeholder has concerns about sustainability and that they have not heard any discussions about this during the meetings o Committees are working to make sure we have the correct metrics to ensure payment process will be nearly the same as it is today